interpretation of radiographs and fluoroscopic findings, consultation with the referring doctor where possible, and the supplying of one or more copies of the report of the examination. These various functions have been well performed by radiologists in many Ontario hospitals, and in other centres, on a fee-for-service basis. This method of payment for medical services rendered by radiologists has been acceptable to the Ontario Medical Association and also to the Ontario Hospital Services Commission.

Acceptable and Just Solution

Radiologists are medical specialists in the fullest sense. They provide a medical service, sometimes in a hospital. They do not provide a hospital service. This role of the radiologist, which is not different from that of other physicians, is accepted unquestionably by the medical profession, and receives the whole-hearted support of The Canadian Medical Association.

In this province, payment for medical services in general, at the present time, is the responsibility of the patient or his medical insurance carrier. As pointed out by Dr. Wallace, the problem was initiated by the passage of Bill 320, which included payment for some medical services under hospital insurance despite the protestations of the medical profession.

To alter Bill 320 so that payment for medical services is not included in a program of hospital insurance would solve the problem but unfortunately is not possible at this time. Once a benefit has been given to the citizens, it cannot be taken away.

Hospital and government officials should constantly remember that hospitals as such cannot engage in the practice of medicine—only physicians can. A hospital should not and cannot morally accept payment from any insuring body, be it government or otherwise, for services rendered by medical doctors.

When government enters the field of medical insurance, that portion of patient care now supplied by doctors should be withdrawn from the hospital insurance program and inserted in the Medical Services Insurance Act. In this way, radiological care—a medical and not a hospital service—would be paid for in the same way as payment is made for other types of medical and surgical care. Presumably this would be on a fee-for-service basis.

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GOVERNMENT STANDARDS FOR DRUG MANUFACTURING IN CANADA

To the Editor:

In the interests of drug safety and efficacy, I am writing to acquaint doctors with a current misunderstanding of government standards for drug manufacturing in Canada.

I refer specifically to 74-GP-1, the Canadian Government Specifications Board's Standard for companies supplying pharmaceuticals to government agencies. Conformity with this Standard is being misinterpreted as a blanket stamp of approval of product quality, which it is not. Rather, it is a standard for drug manufacturing.

At a recent meeting of the Interdepartmental Pharmaceutical Board and representatives of the Pharmaceutical Manufacturers Association of Canada, Dr. H. A. Showalter, the Board Chairman, pointed out that in government procurement, even though a company conformed with the Standard, its products must still meet the product specification cited in the purchase contracts. It was made clear at this meeting that it was never the intention of the Canadian Government Specifications Board that approval under 74-GP-1 implies approval of all the products of the listed companies.

In fact, Dr. Showalter has taken action to prevent misunderstanding of the Standard. Here is one example:

Recently, a Canadian health services association circulated a bulletin containing a list of drugs called "brand name equivalents". Below the list appeared the following statement: "All the foregoing products of course carry the Government 74-GP-1 Standard."

In a letter to the Association concerned, Dr. Showalter pointed out that this statement is inaccurate and misleading. He said, in part, that "74-GP-1 is not a definition of product quality, but a minimum standard of operation of a supplier in respect to manufacturing methods, facilities, personnel, quality control and records.

"Our Interdepartmental Board maintains the list of firms found to comply with 74-GP-1. At present this list is not published beyond the departments of the Government of Canada. Anyone else using the Standard as you have done faces the risk of inaccurate information as to which firms do in fact conform.

"You may, therefore, wish to reconsider the use of the statement. . . It is untrue and may mislead the reader as to nature and purpose of 74-GP-1."

The P.M.A.C., which assisted government in the development of 74-GP-1, is equally concerned that this Standard be recognized for what it is: a standard for drug *manufacturing only.*

Manufacturing equipment and housekeeping methods are only some of the factors involved in the quality of a product. There are at least 24 other factors in the pharmaceutical manufacturing process which can alter the therapeutic efficacy of a drug. It does not follow that because drugs are chemically equivalent, they are therapeutically equivalent.

Short of government clinical testing of every lot of drug products now available, the only guarantee of constant quality and proved efficacy is the reputation of the responsible manufacturer.

WM. W. WIGLE, M.D., C.M.,
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ERRATUM: Glomerulonephritis

In the editorial entitled "Glomerulonephritis", published in the issue of January 15 (*Canad. Med. Ass. J.*, 94: 144, 1966), the second sentence in the third paragraph (page 144, left-hand column) was incomplete. It should have read: "Others,[3] however, have encountered children and adults whose original biopsies showed early basement membrane changes visible only by electron microscopy who progressed to diffuse membranous changes visible by light microscopy."